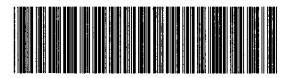
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Green Acres	Sportsmen Club, Inc.				
	(PROPOSED CORPORATE NAME – <u>MÚST INCLUDE SUFFIX</u>)				
Enclosed is an original a	and one (1) copy of the Artic	eles of Incorporation and	a check for :		
\$70.00	■ \$78.75	\$ 78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL COPY REQUIRED			
FROM:	John N. Breed				
	Name (Printed or typed)		•		
	6117 Sweet Gum Run				
	Address				
	Bartow, Florida 33830				
	863-646-4771				
	Daytime Telephone number				

jbreed@civilsurv.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

	corporation shall be: Green Acres Sportsn			•	<u></u>
	PRINCIPAL OFFICE				
	Principal street address:		Mailing address, if diffe	erent is:	t
Green	Acres Sportsmen Club, Inc		maning address, it ame	7	10
6117 S	Sweet Gum Run			N H	more go more go more he more he more more
Bartov	v, Florida 33830			(1) (2) (3) (4)	97
RTICLE III The purpose for	PURPOSE which the corporation is organized is:	províde opportunites f	or club members and gue	sts to engage	in recreati
outdoor sporting	g activities. To promote safety and good s	portsmanship in the pur	suit of recreational outdo	oor activities.	
					•
IRTICLE IV	MANNER OF ELECTION The manner	er in which the directors	are elected and appointed	Appointed	by officers
RTICLE V	INITIAL OFFICERS AND/OR DIRECT John N. Breed, Treasurer & Secretary	<u>rors</u>	are elected and appointed		by officers
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>			by officers
RTICLE V Iame and Title:	INITIAL OFFICERS AND/OR DIRECT John N. Breed, Treasurer & Secretary	<i>ORS</i> Name and Title:			by officers
RTICLE V Iame and Title:	INITIAL OFFICERS AND/OR DIRECT John N. Breed, Treasurer & Secretary 6117 Sweet Gum Run	CORS Name and Title: Address:			by officers
Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT John N. Breed, Treasurer & Secretary 6117 Sweet Gum Run Bartow, Florida 33830	Name and Title: Address: Name and Title:			by officers
Name and Title: Address Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT John N. Breed, Treasurer & Secretary 6117 Sweet Gum Run Bartow, Florida 33830 Roger Robins, President	CORS Name and Title: Address:			by officers
Name and Title: Address Name and Title: Address	John N. Breed, Treasurer & Secretary 6117 Sweet Gum Run Bartow, Florida 33830 Roger Robins, President 8580 NE 305th Avenue Salt Springs, Florida 32134	Name and Title: Address: Name and Title: Address: Address:			by officers
Address Name and Title: Address - Name and Title:	John N. Breed, Treasurer & Secretary 6117 Sweet Gum Run Bartow, Florida 33830 Roger Robins, President 8580 NE 305th Avenue	Name and Title: Address: Name and Title: Address: Address:			by officers

Name and Title:		Name and Title:		,
Address _	<u> </u>	Address:		
-				
Name and Title:		Name and Title:		
Address _		Address:		
-				
-		<u> </u>		
ARTICLE VI	REGISTERED AGENT		·	
	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is	S:	
Name:	John N. Breed		2-1	<u>ज</u>
Address:	6117 Sweet Gum Run	·	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ē.
	Bartow, Florida 33830		- 	72
				0:03 1
ARTICLE VII	INCORPORATOR			* *
The name and a	ddress of the Incorporator is:			97
Name:	John N. Breed			
Address:	6117 Sweet Gum Run			
	Bartow, Florida 33830			
ARTICLE VIII	EFFECTIVE DATE:	(2) P.T.V.		
(If an effective of	other than the date of filing:late is listed, the date must be specific an			ousiness days
after the filing.)				
	e inserted in this block does not meet the aptive date on the Department of State's reco		ements, this date will not be	: listed as the
	med as registered agent to accept service familiar with and accept the appointment a			designated in this
-	1/2/26	s regimeren agent ana agree to	10-28-15	
	Required Signature of Registered	Agent	Date	
I submit this doc	ument and affirm that the facts stated here	ein are true. I am aware that at	ny false information submit	ted in a document
1	nt of State constitutes a third degree felony	as provided for in s.81/.135, F	10-28-15	
	Required Signature of Incor	porator	Date	
()	\sim			